

CONFIDENTIAL WELL COMPLETION FORM

1142698

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

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OPERATOR: License #	API No. 15				
Name:	Spot Description:				
Address 1:					
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from Cast / West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()					
CONTRACTOR: License #	County:				
Name:	Lease Name: Well #:				
Wellsite Geologist:	Field Name:				
Purchaser:	Producing Formation:				
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:				
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:				
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.): If Workover/Re-entry: Old Well Info as follows:	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?				
Operator:					
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:				
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:				
Commingled Permit #: Dual Completion Permit #:	Operator Name:				
SWD Permit #:	Lease Name: License #:				
ENHR Permit #:	Quarter Sec TwpS. R East West				
GSW Permit #:	County: Permit #:				
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date					

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY					
Letter of Confidentiality Received					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					